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**Editor's Note:** This issue features news and views from TRICARE Europe's Medical Director on page 8. This new quarterly column will focus on medical issues relevant to TRICARE, such as host nation quality of care and open access issues.

## Assistant Secretary of Defense for Health Affairs visits Europe



**Dr. William Winkenwerder, Assistant Secretary of Defense for Health Affairs, recently visited several sites in Europe to gain insight into health care in Europe during Operation Iraqi Freedom. Here, Winkenwerder visits with CDR Lou Orosz at Landstuhl Regional Medical Center. Orosz commanded Shock Trauma Platoon #9 in Iraq, part of the 1st Marine Expeditionary Force's Health Services Battalion from Camp Pendelton, Calif.**

## New TRICARE Europe Executive Director

Col (Dr) James Rundell assumed the position of TRICARE Europe Executive Director in April. Rundell will ensure that TRICARE Europe's health care program continues to provide the best possible services for beneficiaries throughout Europe, Africa, and

the Middle East.

Rundell, a military physician and medical administrator, is the former Medical Director and Chief of Healthcare Operations for TRICARE Europe. In that role, he implemented a vigorous host nation health care quality-monitoring program and led a theater-wide network adequacy analysis to prepare for healthcare operations during Operation Iraqi Freedom.

He replaces CAPT Barbara Vernoski, who retires in July after 30 years of military service.

See pages 2 and 8 for commentary from Col



## TRICARE Europe in Transition

Col James Rundell

*TRICARE Europe Executive Director*

It is an honor and privilege to have been selected to be Executive Director for TRICARE Europe. I have big shoes to fill following CAPT Barbara Vernoski's departure. She had a wonderful retirement ceremony at Sembach Air Base, Germany on June 9. It was a traditional Navy retirement ceremony that the Army and Air Force people in the audience were duly impressed by. Now we all know where the expression "bells and whistles" comes from.

It must be apparent to all of us in Europe now that great changes lie ahead for our theater. If you've been reading the news, you know that there will likely be base closures and realignments and changes in the ways forces are garrisoned and deployed. This will undoubtedly lead to changes in the way TRICARE is deployed in the theater as well.

In the future there may be fewer overall beneficiaries in Europe, but a more diverse range of settings where U.S. forces are based within the theater. This will present new challenges for all three services, MTFs, and TRICARE Europe.

TRICARE Europe stands ready to face these new opportunities and challenges with the best staff I have ever had the privilege to work with. The office has true professionals delivering the best products possible to all of our customers—beneficiaries, clinicians, MTF commanders/staff, TRICARE Service Centers throughout the theater, EUCOM, the military services, the regional medical commands within the theater, host nation providers, TRICARE Points of Contact in remote sites, U.S. State Department medical personnel assisting our beneficiaries around embassies and consulates, and a number of others.

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**"In the future there may be fewer overall beneficiaries in Europe, but a more diverse range of settings where U.S. forces are based within the theater. This will present new challenges for all three services, MTFs, and TRICARE Europe."**

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TRICARE Europe has benefited from an active and wise Executive Steering Committee (ESC), who has given clear direction and strategic guidance to our organization. Our motto "Your Passport to Quality Health" came from a very important strategic planning conference held with the ESC in October 2002, along with six strategic goals that became our version of the Balanced Scorecard. These six strategic goals allowed TRICARE Europe to develop a base of information which will serve the entire theater well during the upcoming transitions.

The theater-wide analysis conducted by our Healthcare Operations Division of network adequacy around 51 MTFs in 56



Col James Rundell

*TRICARE Europe Executive Director*

different specialty and subspecialty areas will be very important in terms of healthcare planning during the transitions to come.

The host nation quality monitoring policy synchronizes a set of quality standards our beneficiaries deserve and should expect across our entire theater. The optimization tools developed by TRICARE Europe's Support Services Division will allow MTF leadership and regional medical commands to closely monitor healthcare delivery metrics during this time of transition to assure our beneficiaries continue to receive the standards of access and continuity of care they deserve.

TEO's Regional Operations Division remains committed to assuring the expansion of International SOS services to remote locations throughout the theater goes smoothly. This TRICARE division's activities will remain critical in terms of supporting the transition activities the next few years may bring.

In summary, along with organizations throughout the theater, TRICARE Europe is readying itself to be an active partner in assuring a smooth transition to the future face of Defense Healthcare in Europe, Africa, and the Middle East.

I am enthusiastic to be aboard and look forward to working with the great TRICARE Europe staff and with all of our great organizations in this exciting theater. We will ask our dedicated ESC to assist us with aligning and evolving our strategic plan to ensure we contribute in the most productive way we can to the transitions ahead.

# TRICARE Europe Council Gathers in Naples

**J01 Jeffery J. Pierce**

*Navy Region Europe Public Affairs*

Twice a year, all military medical commanders and key TRICARE Europe personnel come together. The latest of these meetings was held May 28-29 at Naval Support Activity Naples, Italy. The purpose of the meetings is to update all military medical commanders around Europe on the latest TRICARE Europe information and receive feedback from these commanders to help steer the TRICARE Europe program.

The topics covered at the meeting represented a broad array of issues important to health care delivery in the region. There was also a focus on lessons learned from the current military operations and host-nation health care quality.

Principal Deputy Assistant Secretary of Defense for Health Affairs, Mr. Edward P. Wyatt, Jr. was the keynote speaker for the meeting. According to Wyatt, meetings like this are the preferred form of communication.

"There's nothing really like face-to-face contact for an extended period of time to really understand the needs, goals, frustrations and successes of people deployed overseas," Wyatt said. "That's why it's so important to come to meetings like this."

According to Brig. Gen. Elder Granger, European Regional Medical Command commander and TRICARE Europe Lead Agent, such meetings keep everyone informed of the latest information.

"These meetings allow us to take the latest information as provided by the TRICARE Management Activity in Washington, D.C., so we can disseminate it to medical and dental treatment facility commanders," Granger said. "In addition, we bring a senior leader from the assistant secretary of defense for health affairs office. This allows us to get the latest updates from Washington plus, from a TRICARE Europe perspective, we provide them with the latest updates that we disseminate throughout our region."

Providing health care to servicemembers can be a difficult

task, but for Wyatt, TRICARE is his number one priority.

"There's nothing more important to the Assistant Secretary of Defense for Health Affairs and myself than making sure that TRICARE becomes and remains the provider of choice for healthcare services for our beneficiaries," Wyatt said. "We have people scattered all over the globe and it can be a challenge making sure that we have these programs in place where our people are located."

According to Granger, TRICARE Europe is making sure that the health care needs of its customers are being met.

"We have a very robust preferred provider network, so if we cannot provide the healthcare in our day-to-day medical treatment facilities, we have host-nation providers that we have validated their ability as well as their quality to take care of our beneficiaries," Granger said.

So, what can servicemembers and their families expect from TRICARE in the future? Granger explains where TRICARE Europe is headed.

"TRICARE Europe is just like TRICARE in the United States. It is the best health care benefit anywhere in the world. In addition we have TRICARE Online that any active duty or reserve servicemember, as well as retirees, can use," Granger said. "A new program called TRICARE Prime Remote, under contract with International SOS, is in place to take care of our families who are not located near our health care facilities. This program will assist families with making appointments at the right place with the right providers to take care of their health care needs."

According to Wyatt, the military health system will change as the military changes.

"We will do everything we have to do to continue to be the provider of choice for active duty members and their families' health care needs," Wyatt said. "As our military transforms, so will we."

## TEC Briefings Available For Download

**Troy Kitch**

*TRICARE Europe Public Affairs & Marketing*

The following are synopses of all briefings in the order of presentation at the recent TRICARE Europe Council Meeting, all of which can be downloaded in full at [www.europe.tricare.osd.mil/main/conferences/2003/tec\\_may2003/agenda.asp](http://www.europe.tricare.osd.mil/main/conferences/2003/tec_may2003/agenda.asp).

### The MHS: The Way Ahead

**Mr. Ed Wyatt**

Mr. Wyatt, Principal Deputy Assistant Secretary of Defense for Health Affairs, presented the keynote address at the

meeting. He focused on the future of the Military Health System, which centers around three themes: protecting the force, supporting our families, and shaping our future.

### Network Adequacy & Quality

**Col James Rundell**

Col Rundell, TRICARE Europe Executive Director, presented an update to the theater-wide TRICARE Europe network adequacy and quality review, as well as an overview of the next steps in this

process.

### Patient Movement Update

**Lt Col Kelley Kash**

**COL Gail Williamson**

Lt Col Kash, commander of the Theater Patient Movement Requirements Center-Europe, spoke about the way ahead for patient movement in Europe following the retirement of the C-9 aircraft next year. Kash said that the new patient movement concept of operations will be patient-focused. It will emphasize "door-to-door" service, in-transit visibility, and 24/7 assistance.



**See page 9**



## Host Nation Network Adequacy Update

**COL Gail Williamson**

*TRICARE Europe Healthcare Operations Chief*

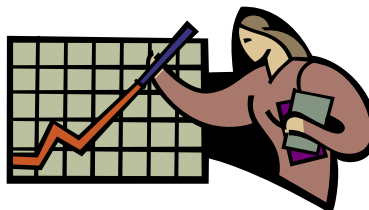
The Healthcare Operations Division of TRICARE Europe recently completed the first-ever outpatient network adequacy study.

Fifty-one MTFs within the TEO region were evaluated in 56 different medical specialties. The results provide a baseline for MTF Commanders to recognize current work that is received in the direct care system as well as in the host nation system. It also provides TRICARE Europe with a look at workload across the theater.

We used the data from this study to create a universal metric that allows us to meaningfully compare MTFs throughout the theater. This has resulted in the identification of several key areas of potential concerns and shortfalls within the theater. This metric also provides

each MTF with a snapshot at regular intervals of their respective host nation network to identify additional providers that may be utilized.

The next step for this project is to identify the top 100 specialties that may require additional resources.



These specialty areas will be provided to each MTF commander so they may determine the criticality of each specialty at their facility.

In addition, the adequacy study provides a useful tool for commanders to conduct business case analyses, identify circuit-riding opportunities, and highlight areas of concern that need to be addressed by higher headquarters.

## Morbid Obesity, Plastics, and Reduction Mammoplasty Preauthorization Update

**Linda Glynn**

*TRICARE Europe Regional Nurse Case Manager*

TRICARE Europe implemented a preauthorization policy for cosmetic/plastic and morbid obesity surgeries in host nation facilities in Dec. 2002. As with any new process there are still many obstacles to overcome and learning opportunities!

While we developed a standard Primary Care Manager form for reduction mammoplasty and morbid obesity surgery, we have not developed a similar form for plastics due to the diverse nature of this type of surgery.

Questions to keep in mind in regards to cosmetic/plastic surgery are:

- *Is this a correction of a congenital anomaly?*
- *Is this a restoration (including revision of scars) following an accidental injury?*
- *Is this surgery medically necessary?*

When you receive a plastics request, it is important that the PCM write up a full description of the medical problem to include a 1 to 10 pain scale, description of any skin breakdown, frequency of skin infections, impact of the condition to activities of daily living to include any functional impairments.

Plastics requests that are not medically necessary will be denied.

We have discovered that many claims are not being paid despite the care authorization from the TRICARE Europe Office. The following tips are provided to help minimize this problem.

First, the admission date on the claim and the admission date on the care authorization must be an exact match. If an admission date is changed, make TEO aware of the change and the care authorization will be corrected.

It is also imperative that you attach the care authorization you receive from TEO to the preoperative and post-operative visit claims, as well as the hospitalization. This tells WPS, TRICARE Europe claims processor, that these visits were part of an operative process.

Finally, keep in mind that this does create the potential for unpaid claims if the beneficiary is seen by a host nation provider and does not meet the morbid obesity requirement. Morbid obesity is not a covered service unless it is part of an operative process.

The PCM sheet developed by TEO should help guide the physician, but the TRICARE Service Center still must verify that each surgery or treatment meets the benefit.

If you have any questions or doubt about coverage, have the case reviewed by TEO prior to sending them out to a host nation provider.

If you have any questions or problems, contact the TEO Health Care Operations Division at DSN 496-6336 or email [linda.glynn@europe.tricare.osd.mil](mailto:linda.glynn@europe.tricare.osd.mil).

## Beneficiaries Without Valid SSNs May Need to Update DEERS

Nanetta Hicks & Arlene York  
TRICARE Training Coordinators

Individuals without valid U.S. Social Security Numbers (e.g. newborns, foreign national dependents) are represented in the DEERS system with a Temporary Identification Number. This number must be updated to a permanent number to ensure access to direct care at Military Treatment Facilities.

All beneficiaries who do not have a valid SSN in DEERS appear as "Not Eligible" for direct care on the DEERS and CHCS systems. If a beneficiary has a TIN in DEERS (TIN numbers begin in the 800s), they will have 90-days to either establish a true SSN or a Foreign Identification Number (FIN) in the DEERS system to continue receiving direct care in the MTF system.

○ The **90-day count down to non-eligibility will begin when the DEERS record is manipulated** (new ID card issue, name update, rank update, address update, add dependents, etc.). That is,

when the record is opened and an action occurs, the system will automatically flag dependents with a TIN. Those dependents will be given 90-days to update the TIN.

○ The **90-day rule will not affect newborns**. Parents of newborns will be

by beneficiaries and appointment booking clerks because dependents will show not eligible for benefits, but they have a valid ID card. Dependents will also have problems receiving direct care in the MTF until the sponsor or dependent corrects the TIN.

Parents with newborns must be notified in advance that they will need to apply for the child's social security card as soon as possible. Once they receive the new SSN, they should take it to their personnel office to have DEERS updated.

If a beneficiary has foreign national dependents, they will need to complete a FIN number request form (to receive a FIN number from the DEERS office).

This will replace the 800 numbers (the pseudo SSN, or TIN) with 900 numbers (FIN numbers) for the family members. All SSN updates (true or FIN) have to be requested and completed by the DEERS office.

Once the true SSN or FIN number is in place, the person should then show up as "direct care eligible" if he/she is eligible for benefits.

Defense Enrollment Eligibility  
Reporting System (DEERS)



given 270 days from date of registration to correct the TIN in DEERS.

○ If a sponsor is waiting for a SSN for a dependent and the 90/270-day deadline is arriving soon, **a request can be made for a 90-day extension**. The extension will have to be requested and approved at the DEERS office.

There will likely be an increase of individuals showing ineligible for direct care benefits in the CHCS system if they fall within this 90-day non-valid SSN rule. This may cause an increase in calls

## OB Nonavailability Statement Elimination

Uli Engel

TRICARE Europe Deputy Chief of Regional Operations

Many of you may have heard about the upcoming elimination of the obstetric Nonavailability Statement (NAS) requirement. While this is an important issue for TRICARE Standard patients in Europe who might be moving to CONUS within the next seven months, it is not as critical for Standard patients who remain in Europe.

Why? WPS, TRICARE Europe's claim processor, does not have an automated mechanism to know if a provider in Europe is within a catchment area or not. Therefore, it is very difficult for them to tell if a Standard beneficiary is receiving prenatal care nearby or far away from a MTF.

In addition, the number of potentially affected individuals in Europe is quite small since most Standard beneficiaries here are retirees.

However, if a Standard patient returns to CONUS in the next seven months, this may be a problem. This is due to the fact that maternity care is reimbursed in one "bundle."

In other words, reimbursement is based on whether or not the patient had a NAS *when prenatal care began*.

Therefore, if an overseas Standard patient receives care from a provider without a NAS, then moves to CONUS and files a claim for reimbursement there, this care will not be reimbursed.

In fact, if a Standard patient in CONUS gets one day of prenatal care without a NAS on Dec. 27 2003, the entire period of maternity care will not be reimbursed, even though the NAS is not required as of Dec. 28.

There may be other cases where this NAS issue may effect our beneficiaries (e.g a beneficiary who return to CONUS to a Prime Remote location for more than 60 days without their sponsor will revert to Standard and may be affected by this policy). Please contact us if you have any questions on an obstetrics case.

Also see TRICARE Management Activity's latest fact sheet on this topic for more details at: [www.tricare.osd.mil/factsheets/index.cfm?fx=showfs&file\\_name=Maternity%5FCare%2Ehtm](http://www.tricare.osd.mil/factsheets/index.cfm?fx=showfs&file_name=Maternity%5FCare%2Ehtm).

# TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

**Q:** *We are preparing to PSC to Ramstein AB, Germany. We currently have dental coverage through United Concordia in the states. Are we required to transfer or disenroll from United Concordia before we seek care from the base dental clinic?*

**A:** No, you are not required to disenroll. There are no additional applications required for individuals already enrolled in the dental plan who are reassigned overseas. TRICARE Dental Program benefits, limitations and exclusions are the same for both CONUS and OCONUS service areas. However, some covered services may be unavailable in select OCONUS locations. For more information, contact the TRICARE Europe Dental Office at 00-49-6302-67-6358/DSN 496-6358, or see our website at [www.europe.tricare.osd.mil](http://www.europe.tricare.osd.mil). Additional information and enrollment forms are also available at [www.ucci.com/government/governmentprog.html](http://www.ucci.com/government/governmentprog.html).

**Q:** *I am a dependent enrolled with TRICARE Prime overseas. How can I get reimbursed for covered prescriptions that I paid for out of pocket?*

**A:** Provided that the item is a covered benefit, you need to provide a copy of your paid receipt, a copy of the pharmacy bill and a completed claim form (DD 2642).

This claim form can be directly downloaded from our website at [www.europe.tricare.osd.mil](http://www.europe.tricare.osd.mil). Claims should be submitted to:

TRICARE Europe WPS – Claims Processing  
P.O. Box 8976  
Madison, WI 53708-8976

**Q:** *Can I book medical appointments for myself and my family members online?*

**A:** TRICARE now offers the ability to schedule appointments, store medical data, and search over 18 million pages of medical information with TRICARE Online (TOL). Appointment services are now available at most locations, and are expected to be available Europe-wide by the end of July.

TOL is available to Prime and TRICARE Plus beneficiaries enrolled at Military Treatment Facilities. You still have the option of booking appointments by phone or in person at your local MTF. For more information, contact your local TRICARE Service Center.

TOL is available at <https://www.tricareonline.com/>

## Public Affairs & Marketing Update

### Don't Forget to Verify

Maybe it's not much fun, but the Marketing Order Verification form is just as important to complete as the marketing order form. We must ensure you have received what you ordered! The verification form and the order form are available online at [www.europe.tricare.osd.mil](http://www.europe.tricare.osd.mil).

### TCOY/TCOYC Overland Shipping

Most TSC's are now receiving TCYS/TCYC books via ground delivery. If your TSC receives a customs letter from the shipper requesting the completion of a T1 (temporary custom) or an AE form 302, please notify your local TMO (Transportation Management Office) or Freight Office representative for assistance. Make sure that once you receive this form that it is forwarded to the TMO representative.

**Your books will not be delivered until the shipper has received the form.** Once the TMO

processes the T1 or AE form 302 and forwards the signed original to the shipper, you will then receive your books. Once you receive your order, please verify that all items are accounted for, then complete the order verification form on our website at [www.europe.tricare.osd.mil](http://www.europe.tricare.osd.mil).

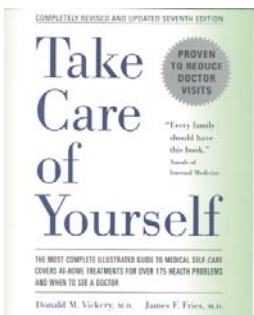
### New TMA TMOP Beneficiary Guide

The new TRICARE Mail Order Pharmacy Beneficiary Guide is now available on the TMA SMART Site, at [www.fhinc.net/tricare/](http://www.fhinc.net/tricare/).

The helpful guide, which includes a mail order registration form, contains useful information for the beneficiary ordering medication for long term, ongoing conditions. For more information, contact Brenda Marshall at [brenda.marshall@europe.tricare.osd.mil](mailto:brenda.marshall@europe.tricare.osd.mil) or DSN 496-6315.

### September 1, 2003 is Next Order Deadline

Be sure to mark Sept. 1 on your calendar. This is the deadline for your next marketing order for TRICARE Europe Passports, *Take Care of Yourself/Child* books, and the *Health Care Information Line* kit.





# HIPAA and the Military Mission

courtesy TRICARE Management Activity

The cornerstone of the Health Insurance Portability and Accountability Act (HIPAA) is the protection of health information. The implementation of the rule standards cannot compromise the provision of quality healthcare or the military mission. Quality healthcare is a goal the Military Health System (MHS) is committed to and we continue to meet that challenge. How does the MHS interpret the 'military mission' requirement?

The following are common questions received by TMA concerning HIPAA and the military mission.

## ○ Is a patient's authorization required to release health information related to a military commander's determination about the execution of his/her military mission?

No. DoD Regulation 6025.18-R, "DoD Health Information Privacy Regulation", January 2003 Section C7.11.1.1. states that "a covered entity (including a covered entity not part of or affiliated with the Department of Defense) may use and disclose the protected health information (PHI) of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission."

## ○ What 'activities' qualify under this stipulation?

Some of the purposes for which the PHI may be used or disclosed include those needed when determining the member's fitness for duty, determining the member's fitness to perform any particular mission, and to report on casualties in any military operation or activity in accordance with applicable military regulations or procedures. The PHI that is released to a command authority is on a "need to know" basis. They can only be provided information that is necessary for specific duties.



The staff at TRICARE Europe salutes K.C. Collins, TRICARE Europe Budget Officer, for 25 years of U.S. government service!

# HIPAA

## ○ Who qualifies as an 'appropriate military command authority'?

The DoD Health Information Privacy Program Federal Register Notice published April 9, 2003 explains that appropriate military command authorities include all commanders who exercise authority over an individual who is a member of the Armed Forces, or other person designated by such a Commander to receive PHI in order to carry out an activity under the authority of the Commander. This does not mean that any command authority can access a member of the military's health information just because they are in an authority position. The commanding officer requesting a member's PHI, must be in the individual's chain of command and only the minimum necessary information should be released in order to accomplish the purpose for which the request is made.

## ○ What MTF policies and procedures should be established for HIPAA?

1. Establish an approved roster of commanders and other persons who may access PHI on the commander's behalf.
2. Develop screening criteria for requests that will ensure only the minimum amount of information necessary are released. For example, there may be cases where a clinical summary is needed rather than the entire medical record.
3. Establish policy designating who is authorized to release PHI.
4. Ensure personnel are trained on what information or combination of information may be considered PHI.

## ○ Does the MTF have to account for disclosures?

The MHS is required to account for disclosures made to command authorities. If the member of the Armed Forces voluntarily gives his health information to a command authority, this is not an accountable disclosure and therefore the MHS is not required to account for it.

It is important that the MHS workforce is both consistent and knowledgeable concerning privacy issues in order to successfully carry out the mission of protecting our beneficiaries' health information. Please refer to the DoD Health Privacy Regulation and Federal Register notice if you are uncertain about specific instances regarding uses and disclosures of PHI. You should also use your legal counsel, MTF Privacy Officers as well as your Service Representative to ensure that HIPAA Privacy is never compromised.



SSgt Beatrice Cassetty

## In keeping with time honored Naval traditions, CAPT Barbara Vernoski is "piped ashore"

CAPT Barbara Vernoski, former TRICARE Europe Executive Director, renders a salute as she exits the Sembach Airbase Chapel, ending over 30 years of service in the U.S. Navy. She officially retires from the Navy on July 1, 2003. We wish her "fair wind and following seas."

## Medical Director's Corner



### Col James Rundell

*TRICARE Europe Executive Director*

This is my final opportunity to contribute to the COMPASS as TRICARE Europe's Medical Director. LTC George Patrin will be joining TRICARE Europe this summer to continue work in two key strategic areas: host nation quality of care and open access.

During the past year, a great deal of leadership has been shown at all levels in terms of creating a set of standards and expectations for health care delivered in our host nations.

These standards have been implemented as TRICARE Europe's host nation quality of care policy. The policy elements are rigorous. They were developed by a consensus conference of MTF chiefs of professional services from throughout the theater. They bring into synchrony the host nation quality of care monitoring procedures conducted in host nation settings surrounding our MTFs and the host nation quality of care monitoring procedures expected of our contractors who manage health care delivery in our theater's remote sites.

When the quality of care policy elements were developed by the chiefs of professional services, it was clear they would be difficult to implement — this group of clinical leaders raised the bar high intentionally, for our patients.

In fact, when the policy was implemented, only about 40% of the policy elements were being conducted across our theater.

Six months later, even in the midst of OIF-related activities, our MTFs have been able to increase that percentage to over 60%, according to an analysis recently conducted by TRICARE Europe's Healthcare Operations Division.

We still have a long way to go to meet the high standards which have been set, but TRICARE Europe will continue to search for ways to provide help for MTFs in their efforts to get there.

I want to thank the regional medical commands and MTF commanders here in Europe for their wonderful support during my tenure as TRICARE Europe Medical Director, and will certainly brief my successor on the great people he has to work with in the theater.



# TEC Briefings Available For Download

from page 3

Chief of Healthcare Operations, discussed patient movement issues in terms of orthopedics. She emphasized using host nation preferred provider networks and circuit riding to best meet patient movement needs in the future.

## Medical Lessons Learned: Operations Enduring Freedom & Iraqi Freedom

*CAPT David Smith; Col Lee Payne*

*MAJ Mike Hunter*

CAPT Smith, Naval Hospital Rota Commanding Officer, presented an overview of Rota's role during OEF/OIF, including both the Naval Hospital and the deployed Fleet Hospital.

Col Payne, 39th Medical Group Commander, discussed Incirlik's wartime medical mission, highlighting the Non-combatant Evacuation from the base.

MAJ Hunter, representing the EU-COM Office of the Command Surgeon, discussed medical lessons learned during OEF/OIF from the perspective of European Command.

## Lessons Learned: Reserve Component & NEO Issues

*CDR Steve Keener*

CDR Keener, TRICARE Europe Regional Operations Director, briefed

health care lessons learned concerning Reserve Component members who were activated in support of current operations. He also discussed some 'take home' points regarding Reserve redeployment. Lastly, he presented an overview of health care issues arising from Noncombatant Evacuations within CENTCOM and EUCOM.

## Department of State Overseas Health Care Primer

*Dr. Nick Reiland*

Dr. Reiland, Chief of Foreign Operations and Medical Director for the State Department's Office of Medical Services, presented an overview of health care operations for State Department employees in overseas locations.

## Prime Remote Update

*CDR Steve Keener*

CDR Keener, TRICARE Europe Regional Operations Director, discussed the status of the TRICARE Europe Prime Remote program, which will be implemented worldwide beginning Sep. 1.

## Theater Quality Indicators

*COL Gail Williamson*

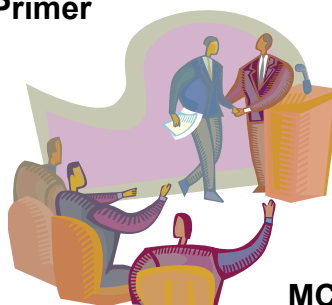
COL Williamson, TRICARE Europe

Chief of Healthcare Operations, discussed an ongoing TEO effort to develop clinical quality and patient safety indicators to help improve high quality, patient-centered care.

## Product Standardization

*Ms. Susan West*

Ms. West, former Clinical Analyst for the Europe Region Standardization program, presented an update on the TRICARE Europe Standardization Program. Standardization ensures that every MTF uses the same "stuff," ensures interoperability, and saves money.



## MCOAT Demo

*Ms. Allison Russo*

Ms. Allison Russo, TRICARE Europe Research Analyst, demonstrated how to use the new Managed Care Optimization Tool (available online at <https://telemed.europe.tricare.osd.mil/main/mcoat/>).

## T-NEX Update

*Lt Col Diane Reese*

Lt Col Reese, TRICARE Europe Deputy Director, discussed upcoming transitional changes in TRICARE due to the next generation of TRICARE contracts.



## Job Shadow Day

Several children recently paid a visit to TRICARE Europe to learn a little bit about what we do. From left, Kaleb White, Eric Reese, Rachel Reese, Claudia Trevino, Miranda Hamblin, and Hunter Hamblin prepare for a tour of the office.

After a presentation by Deputy Director Lt Col Diane Reese, the children spent the day interviewing staff members about the daily operations of the TRICARE Europe Office.



PH2 Terry Spain, NAS Sigonella

## BSR of the Quarter

Congratulations to Ms. Anastasia Caruso, TRICARE Europe's Beneficiary Service Representative of the Quarter. Caruso, a TRICARE patient liaison and language clerk at U.S. Naval Hospital Sigonella, works in a Service Center that assists over 6,000 beneficiaries. In the second quarter of FY'03 alone, Caruso translated over 70 medical reports, scheduled over 100 PPN patient appointments, and performed approximately 27 days of on-call translator service.

Here, Caruso receives her award from Vice Admiral Michael L. Cowan, Surgeon General of the Navy and Chief, Bureau of Medicine and Surgery.

## Briefs

### Treatment of Enuresis (bedwetting) Approved

TMA has approved coverage for use of a bedwetting alarm for the treatment of primary nocturnal enuresis. It must be prescribed by a physician after physical or organic causes for nocturnal enuresis have been ruled out. This change is dated 17 April 2003, and may be found in Chapter 3 Section 9.1 of the TRICARE Policy Manual.

### TRICARE 'SMART' Store

TSCs now have a seamless and easy way to order TRICARE Management Activity-funded materials as often as needed. These materials are mailed direct to your TSC. It's easy to use! Check it out at [www.fhinc.net/tricare/](http://www.fhinc.net/tricare/). The "TRICARE Store" also offers a Feedback option for Marketing POCs to send inquiries or comments to the TMA marketing staff directly.

### New Beneficiary Section

Don't forget about our Beneficiary Newsletter, available to print and distribute from the Beneficiary section of our website.

Inputs, comments, and suggestions for this as well as the Compass are always welcomed. Send them to: [teo.pao@europe.tricare.osd.mil](mailto:teo.pao@europe.tricare.osd.mil).

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Public Affairs and Marketing.....496-6315

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PPN Coordinator.....496-6319

Dental.....496-6358

WIC Overseas.....496-6328

Case Manager.....496-6336

#### ○ Support Services

LAN and PC Support.....496-6322

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Article and photo submissions are welcome

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